



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009Open to Public
Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning**and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM, INC.**

Number and street (or P O box, if mail is not delivered to street address)

532 WEST JEFFERSON BLVD.

City or town, state or country, and ZIP + 4

FORT WAYNE, IN 46802**D Employer identification number****43-2069293****E Telephone number****260-422-8412****F Group Exemption Number**

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **WWW.DACAC.ORG****H Check** ☒ if the organization is not

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 425,564.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

| | | | |
|-----------|--|-----------|------------------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 425,204. |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | 360. |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| b | Less cost or other basis and sales expenses | 5b | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| b | Less direct expenses other than fundraising expenses | 6b | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| b | Less cost of goods sold | 7b | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe ▶ _____) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 425,564. |
| 10 | Grants and similar amounts paid (attach schedule) | 10 | 15,000. |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 271,855. |
| 13 | Professional fees and other payments to independent contractors | 13 | 24,287. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 24,216. |
| 15 | Printing, publications, postage, and shipping | 15 | 21,073. |
| 16 | Other expenses (describe ▶ SEE STATEMENT 1) | 16 | 180,804. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 537,235. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -111,671. |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 293,411. |
| 20 | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 | 20 | 45,028. |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 226,768. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|--------------------|
| 22 Cash, savings, and investments | 22 293,524. | 22 190,461. |
| 23 Land and buildings | 23 | 23 |
| 24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS) | 24 56,675. | 24 49,852. |
| 25 Total assets | 25 350,199. | 25 240,313. |
| 26 Total liabilities (describe ▶ SEE STATEMENT 2) | 26 56,788. | 26 13,545. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 293,411. | 27 226,768. |

P 6

ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM,

Form 990-EZ (2009)

INC.

43-2069293

Page 2

| Part III Statement of Program Service Accomplishments (See the instructions for Part III) | | Expenses |
|---|---|--|
| What is the organization's primary exempt purpose? SEE STATEMENT 10 | | (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | | |
| 28 | SEE STATEMENT 7 | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 28a 58,675. |
| 29 | SEE STATEMENT 8 | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 29a 58,676. |
| 30 | SEE STATEMENT 9 | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 30a 58,676. |
| 31 | Other program services (attach schedule) | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 176,027. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) | | | | |
|--|--|--|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| KIMBRA O'BRIEN, 1417 N ANTHONY BLVD, FORT WAYNE, IN 46805 | PRESIDENT | 1.00 | 0. | 0. |
| JERRI LERCH, 2526 KNIGHTSBRIDGE DRIVE, FORT WAYNE, IN 46815 | EXECUTIVE DIRECTOR | 40.00 | 60,640. | 0. |
| JOHN ALEXANDER, 4609 CRYSTAL RIDGE COVE, FORT WAYNE, IN 46835 | BOARD MEMBER | 1.00 | 0. | 0. |
| STEPHEN JARRELL, 2712 S CALHOUN, FORT WAYNE, IN 46807 | SECRETARY | 1.00 | 0. | 0. |
| MIKE MCALEXANDER, 602 S CALHOUN, FORT WAYNE, IN 46802 | CHAIR OF JUSTICE | 1.00 | 0. | 0. |
| MARY ETHEART, 1115 GARDEN ST, FORT WAYNE, IN 46802 | CHAIR OF INTERVENTION | 1.00 | 0. | 0. |
| KATHY FRIEND, 1200 S CLINTON STREET, FORT WAYNE, IN 46802 | VICE CHAIR FINANCE | 1.00 | 0. | 0. |
| ANITA GROSS, 4824 HOMESTEAD RD, FORT WAYNE, IN 46814 | CHAIR OF NANO | 1.00 | 0. | 0. |
| FRAN GULL, 715 S CALHOUN ST, FORT WAYNE, IN 46802 | BOARD MEMBER | 1.00 | 0. | 0. |
| PAULA HUGHES, 2313 FOREST PARK BLVD, FORT WAYNE, IN 46805 | BOARD MEMBER | 1.00 | 0. | 0. |
| KELLY SICKAFOOSE, PO BOX 15284, FORT WAYNE, IN 46885 | COMMUNITY CONSULTANT | 1.00 | 0. | 0. |
| JONATHAN RAY, 2135 S HANNA ST, FORT WAYNE, IN 46803 | BOARD MEMBER | 1.00 | 0. | 0. |
| BENNIE LEWIS, 1330 MCCOLLUCH ST, FORT WAYNE, IN 46803 | CHAIR OF PREVENTION | 1.00 | 0. | 0. |
| KIRK RAY, 700 BROADWAY, FORT WAYNE, IN 46802 | BOARD MEMBER | 1.00 | 0. | 0. |
| GEORGE MCCLELLAN, 532 WEST JEFFERSON BLVD., FORT WAYNE, IN 46802 | BOARD MEMBER | 1.00 | 0. | 0. |
| MARY ANN ZIEMBO, 532 WEST JEFFERSON BLVD., FORT WAYNE, IN 46802 | BOARD MEMBER | 1.00 | 0. | 0. |
| JOHN ROGERS, 532 WEST JEFFERSON BLVD., FORT WAYNE, IN 46802 | BOARD MEMBER | 1.00 | 0. | 0. |

**ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM,
INC.**

Form 990-EZ (2009)

43-2069293

Page 3

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | | Yes | No |
|---|------------|------------|----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | X |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | N/A | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. | | | |
| b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 Section 501(c)(7) organizations Enter | | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0. | | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 List the states with which a copy of this return is filed ▶ IN | | | |
| 42a The organization's books are in care of ▶ CHRISTEN SOUERS, LLC Telephone no ▶ 260-484-0653 Located at ▶ 4306 EAST STATE BLVD., FORT WAYNE, IN ZIP + 4 ▶ 46815 | | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | | X |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ | 42c | | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | X |

Form 990-EZ (2009)

ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM,

Form 990-EZ (2009)

INC.

43-2069293

Page 4

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| | Yes | No |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |

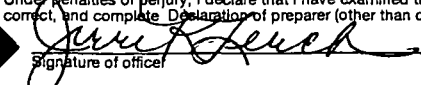
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |


- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  **JERRI LERCH** **8/30/10**
 Signature of officer Date
 Type or print name and title

Paid Preparer's Use Only Preparer's signature  Date **8/24/10** Check if self-employed ☐ Preparer's identifying number (See Instr.)
 Firm's name (or yours if self-employed), address, and ZIP + 4 **L. M. HENDERSON & COMPANY, LLP**
450 E. 96TH STREET, SUITE 200
INDIANAPOLIS, IN 46240 EIN **(317) 566-1000**
 Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM,
INC.

Employer identification number
43-2069293

| | |
|---------------|--|
| Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. |
|---------------|--|

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]**Total**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 179,116. | 169,397. | 299,310. | 467,642. | 442,289. | 1,557,754. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 179,116. | 169,397. | 299,310. | 467,642. | 442,289. | 1,557,754. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 1,557,754. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 | 179,116. | 169,397. | 299,310. | 467,642. | 442,289. | 1,557,754. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 258. | 3,851. | 4,796. | 3,011. | 360. | 12,276. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,570,030. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|-------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.22 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 98.94 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | |

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

2009 DEPRECIATION AND AMORTIZATION REPORT

990-EZ

FORM 990-EZ PAGE 1

| Asset No | Description | Date Acquired | Method | Life | C o n v | Line No | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|----------|------------------------------------|---------------|--------|-------|---------|---------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 14 | BUILD OUT | 09/12/07 | 150DB | 15.00 | | HY17 | 52,706. | | | | 52,706. | 5,271. | | 3,514. | 8,785. |
| | * 990-EZ PG 1 TOTAL OTHER EXPENSES | | | | | | 52,706. | | | | 52,706. | 5,271. | | 3,514. | 8,785. |
| | OTHER EXPENSES | | | | | | | | | | | | | | |
| 5 | COMPUTERS | 11/28/05 | 200DB | 5.00 | | HY17 | 5,792. | | | | 5,792. | 1,136. | | 353. | 1,489. |
| 6 | COLOR LASER PRINTER | 11/28/05 | 200DB | 5.00 | | HY17 | 566. | | | | 566. | 349. | | 113. | 462. |
| 7 | COPYER | 09/28/07 | 200DB | 5.00 | | HY17 | 3,480. | | | | 3,480. | 1,412. | | 637. | 2,049. |
| 8 | PHONE SYSTEM | 09/28/07 | 200DB | 7.00 | | HY17 | 3,641. | | | | 3,641. | 1,412. | | 637. | 2,049. |
| 9 | SERVER | 10/30/07 | 200DB | 5.00 | | HY17 | 2,501. | | | | 2,501. | 1,300. | | 480. | 1,780. |
| 10 | COMPUTER | 10/30/07 | 200DB | 5.00 | | HY17 | 2,501. | | | | 2,501. | 1,300. | | 480. | 1,780. |
| 11 | SERVER COMP | 10/30/07 | 200DB | 5.00 | | HY17 | 2,501. | | | | 2,501. | 1,300. | | 480. | 1,780. |
| 12 | COMPUTER | 10/30/07 | 200DB | 5.00 | | HY17 | 1,286. | | | | 1,286. | 668. | | 247. | 915. |
| 13 | COMPUTER | 09/28/07 | 200DB | 5.00 | | HY17 | 1,286. | | | | 1,286. | 668. | | 247. | 915. |
| | * 990-EZ PG 1 TOTAL OTHER EXPENSES | | | | | | 17,445. | | | | 17,445. | 8,205. | | 3,309. | 11,514. |
| | * 990-EZ PG 1 TOTAL OTHER EXPENSES | | | | | | 17,445. | | | | 17,445. | 8,205. | | 3,309. | 11,514. |
| | | | | | | | 70,151. | | | | 70,151. | 13,475. | | 5,822. | 20,292. |

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| BANK CHARGES | | 92. | |
| EQUIPMENT EXPENSE | | 568. | |
| INSURANCE | | 4,853. | |
| JUSTICE COMMITTEE | | 971. | |
| PREVENTION COMMITTEE | | 3,624. | |
| PUBLIC SERVICE ANNOUNCEMENTS | | 15,751. | |
| MEDIA | | 2,884. | |
| SITE COORDINATOR | | 9,650. | |
| SUPPLIES | | 36,616. | |
| TRAINING & SCHOLARSHIPS | | 596. | |
| TELEPHONE | | 8,666. | |
| TECHNOLOGY UPDATES | | 940. | |
| TRAVEL | | 4,841. | |
| MISCELLANEOUS | | 13,482. | |
| INTERVENTION COMMITTEE | | 73,961. | |
| DEPRECIATION | | 3,309. | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 180,804. | |

| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 2 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| ACCOUNTS PAYABLE | 9,006. | 0. | |
| ACCRUED PAYROLL | 7,800. | 8,259. | |
| PAYROLL TAX WITHHOLDINGS | 5,335. | 5,286. | |
| INTERVENTION FUND PAYABLE | 34,647. | 0. | |
| TOTAL TO FORM 990-EZ, LINE 26 | 56,788. | 13,545. | |

| FORM 990-EZ | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 3 |
|-------------------------------|--|-----------|---|
| DESCRIPTION | | AMOUNT | |
| PRIOR PERIOD ADJUSTMENT | | 45,028. | |
| TOTAL TO FORM 990-EZ, LINE 20 | | 45,028. | |

| | | | |
|-------------|--|-----------|---|
| FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT | 4 |
|-------------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------|---------|
| DEPRECIATION | 3,514. |
| OTHER EXPENSES | 20,702. |
| TOTAL TO FORM 990-EZ, LINE 14 | 24,216. |

| | | | |
|-------------|-----------------------------|-----------|---|
| FORM 990-EZ | CASH GRANTS AND ALLOCATIONS | STATEMENT | 5 |
|-------------|-----------------------------|-----------|---|

| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S RELATIONSHIP | AMOUNT |
|---|---------------------------|---------|
| ANNUAL RETAIL ALCOHOL COMPLIANCE CHECKS ALLEN COUNTY SHERIFF'S DEPARTMENT 715 S. CALHOUN ST, ROOM 101 FORT WAYNE, IN 46802 | NONE | 15,000. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 15,000. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 7

PREVENTION - TO EDUCATE AND HELP PREVENT THE NEGATIVE IMPACT CAUSED BY DRUG EXPOSURE OR DRUG USE ON THE HEALTH AND WELL-BEING OF ALLEN COUNTY YOUTH BETWEEN THE AGES OF 0-21. THIS PURPOSE HAS INDIRECTLY SERVED OVER 33,000 INDIVIDUALS.

990-EZ PG 2

STATEMENT 8

INTERVENTION - TO EDUCATE AND IMPROVE THE ACCESSIBILITY, AFFORDABILITY, AND QUALITY OF THE CONTINUUM OF CARE IN SUBSTANCE ABUSE TREATMENT WITHIN ALLEN COUNTY. THIS PURPOSE HAS INDIRECTLY SERVED OVER 16,000 INDIVIDUALS.

990-EZ PG 2

STATEMENT 9

JUSTICE - TO EDUCATE AND REDUCE THE AMOUNT OF CRIMINAL ACTIVITY, INCLUDING VIOLENCE, THAT IS RELATED TO ALCOHOL AND DRUG USE/ABUSE IN ALLEN COUNTY. THIS PURPOSE HAS INDIRECTLY REACHED OVER 16,800 INDIVIDUALS.

990-EZ PG 2

STATEMENT 10

TO PROVIDE AN EFFECTIVE NETWORK TO WORK COLLABORATIVELY WITH AGENCIES AND GOVERNMENT TO REDUCE THE NEGATIVE IMPACT OF ALCOHOL AND OTHER DRUGS IN THE ALLEN COUNTY COMMUNITY.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|---------------|---|---|
| Type or print | Name of Exempt Organization ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM, INC. | Employer identification number 43-2069293 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 532 WEST JEFFERSON BLVD. | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WAYNE, IN 46802 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CHRISTEN SOUERS, LLC

- The books are in the care of ► **4306 EAST STATE BLVD. - FORT WAYNE, IN 46815**

Telephone No. ► **260-484-0653**

FAX No. ► **260-484-2115**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2009** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|-----------|---------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|---|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM, INC. | Employer identification number 43-2069293 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 532 WEST JEFFERSON BLVD. | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WAYNE, IN 46802 | |

Check type of return to be filed (File a separate application for each return):

- | | | | | | |
|--------------------------------------|---|---|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CHRISTEN SOUERS, LLC

- The books are in the care of **4306 EAST STATE BLVD. - FORT WAYNE, IN 46815**

Telephone No. **260-484-0653**

FAX No. **260-484-2115**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

THE ORGANIZATION RESPECTFULLY REQUESTS AN ADDITIONAL EXTENSION OF TIME IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

| | | |
|---|----|--------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA**

Date **8/2/10**

Form **8868** (Rev. 4-2009)